AFFIDA	AVIT	
STATE OF INDIANA)	·	3 F
) SS:		3.3
COUNTY OF LAKE		
Jose T. Placencia	, being first duly	
sworn upon oath, deposes and say		
1. That Affiant's spouse, Juan	ita Placencia	
died (without leaving a will) (1986 at Sunbelt Regional Medical (caving a will on October 6.	- -
2. That they were duly and lega acquired title as husband and wireal estate:	ally married at the time they life to the following described	
Parcel/1:		
Lot 31 and the South 1/2 of Lot 32, Indiana Harbor, in the City of East in Plat Book 5, page 18 in the Office	Block 18, in 2nd Addition to Chicago, as per plat thereof, recorded e of the Recorder of Lake County, Indi	ana.
Parcel 21	Marie Control of the	
Lot 34 and the North on the Clay of He raging W	per plat Goroof recorded in Plat	,
Addition to the Clay of The Office of the 3Book That the war tal relationship	Recorder of Lake County, Indiana.	
at the time they acquired tables	stoneaidorealt estate remained	rgi z esi i ex
in effect and unbroken until the	hty Kecorder (her) death.	
4. That all funeral expenses in		
said decedent have been paid in		
5. That all of the assets of sa	iid decedent which would be	
includable for Federal Estate Ta bank accounts and life insurance	on decedent's life were not	
sufficient to necessitate paymen	it of Federal Estate Tax. 💂 🚞	
	OBERT 18	}
WHATE!	in a second seco	Ċ
Further affiant sayeth not	OBJERN SORDER	FOR
	E RR	REC
I SE		ORD
A.MDI	ANA DE SE	
	TOOK IN DI ACCIONATA	ا د ا
	JOSE T. PLACENCIA	• :
Subscribed and sworn to before m	ne, a Notary Public, this 30th	.
day of April', 19	91	
a sale at the	A. A.	
	Fulla HTV Sule	_
	Linda L. McBride Notary Public	3
Yy Committee jon expires:		
	FILF	D
11-26-95	Standard Company (Standard Company)	
County of Residence:	MAY 2:2 1001	
	MAY 23 1991	
Lakec	^ .	_

This Instrument prepared by ______Jose T. Placencia

		OF TEXAS	·				CERTIFICA	TE OF	DE	ATH	è	STATE	FILE NO.	(***	· 	, .	••	
1: NAMBOP (a) First			[6]	[b] Middle [c] Last					2. SEX 3. DATE OF DEATH									
L	(Type or print) JUANITA				A PLAC			ENCIA			FEMALE O			CIC	TOBER 6, 1986			
	RACE	1	Şa. WAS SPAN	THE DECE	EDENT OF 5		F YES, SPECIFY MEXICA CUBAN, PUEBIO RICAN.				BIRTH	last	E (in years birthday)			R 1 YEAR		DER 24 HRS.
_		ASIAN CO		изн овісі ХЕ			CUBAN, PUEBTO RICAN. ETC. MEXICAN	'			1928	58	8	Mon		Days	Hours	Minutes
1 vecin			precinct	P1 00 1			HOSPITAL OR				BELT RECTONAL				LIMITE?			
HARRIS				ROUSTON				INSTITUTION MEDICAL CENTER										
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) TEXAS			n country) KAS	U.S.A.				U.S. A	U.S. ARMED FORCES? JOSE T. PLACENCIA									
14		L SECURITY NO.		15a, US	SUAL OCCUP/	PATION [Give kind of work done during ing life, even if retired]						(IND OF BUSINESS OR INDUSTRY						
		<u>-46-0474</u>	1225 6		<u>HOUS</u>							DOMESTIC EET ADDRESS (If rural, give location) [16e. INSIDE CITY						
110		ENCE - STATE	100.0	YTHUC	-		16c. CITY OR TOWN (II o		ty limit				-		catio	n)·	i.	INSIDE CITY LIMITS?
 		IANA Tr's navie		LAKE		لجہ	EAST CHIC				3808	ET	R: STI			7. YIAAAN	<u> </u>	<u> Xea</u>
1		SE CASTILI	ľΩ.			15. 1.	ANGELA D.						10. EIGHA	سيك ر	100			
-	20.	·		IMA	AEDIATE CAU	ISE II	Enter only one cause per		(a). (b),	(c))			Shoe			Interval	between	onset
	PART				CARDIAC				1-11	1-11			() /			and dea		1
	1'	Conditions, If a	ny.	•	UE TO, OR AS		CONSEQUENCE OF:				 				Interval t		onset:	
. _		which gave rise immediate caus	ie i	(b)	Probab!	ble Severe Electroly			yte Disturb			ance				and death		
DEATH		stating the underly ing cause last		DI		JE TO, OR AS A CONSEQUENCE OF			ment is							Interval between onset:		
				(0)		/ 0			TOME 15							t and the second second second		
CAUSE OF	PART	PART OTHER SIGNIFICANT CONDITIONS — C				conditions contributing to death but not helate						D TO CAUSE GIVEN IN PART I (a)				21. AUTOPSY?		
9		ACC., SUICIDE, HON OR PENDING INVE	v., UNDET ST. (Speci	řý) ²	20. DATE OF	IN AU	P 28 CHOUR OF E11	nt is	PES	CRIPS	100 pu	URY O	GURNEG					
		NJURY AT WORK Specify yes or no)		221. PLACI	E OF INJURY building, etc.	_At	nome, latim, street, facto	67Y,U 224	, Loc	ATION	COIS	REET O	R R.F.D. NO	D. 1	JIY.C	OR TOWN	ST	ATE "
IFIER	PHYSICIAN	Signature and Tit	1050(S) S(S)		252	5	Nime, dale, and place ar	complated by	(S	ignatu	urred at three and Title	ne time	nination an , date, and	d/or inve	stigat d due	ion, in my to the cau	opinion ise(s) sta	death ited
CEMIFI	To be comple CERTIFYING PH only	236. DATE SIGNE 10-2	о _{Мо.,} de 20-86	ý, Yr.] ¹	23c. H	IOUR	TOF DEATH 10:14 F	P M. 2	40HOS	b. DAT	E SIGNED	(Mo., I	DayrYr.]	24	c. HO	IOUR OF DEATH:		
	12. F	23d. NAME OF ATTENDING PHYSICIAN				1.14.4			24d. PRONOUNCE						e. PA	PRONOUNCED DEAD [Hour]		
L		MARVEN			D.			CUIII)	į.	ON					AT	•		. м.
25	I. BURIA	AL, CREMATION. R REMOVA		Specify	256. DAT		ER 6, 1986		Car o	N/A	METERY O		MATORY LAL P	ARK C	EMI	ELERY		
25	d. LOCA	TION ICITY. HARRIS	town, or c	ounty]			(State)			4-	FUNERA			ERSON	ZIN	IG AS SUC	1/4	5117
27.		STRAB'S-FILE NO.		27b. DATE	REC'D BY L	OCA	L REGISTRAR:	2744	WAY.	URE C	F LOCAL	REGIS	TRAR	7)	حبب	سيزده	THE L	
	12	632			OCT	10	1986	LEA) -1	1. /	111	/				•

STATE OF TEXAS COUNTY OF HARRIS

CITY OF HOUSTON.
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

FED -4 1931

(WARNING! NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK. AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

R...W. Hanks, REGISTRAR

BUREAU OF VITAL STATISTICS